

PRESCRIPTION DRUG OVERDOSE PREVENTION PROGRAM

Pamela Rich

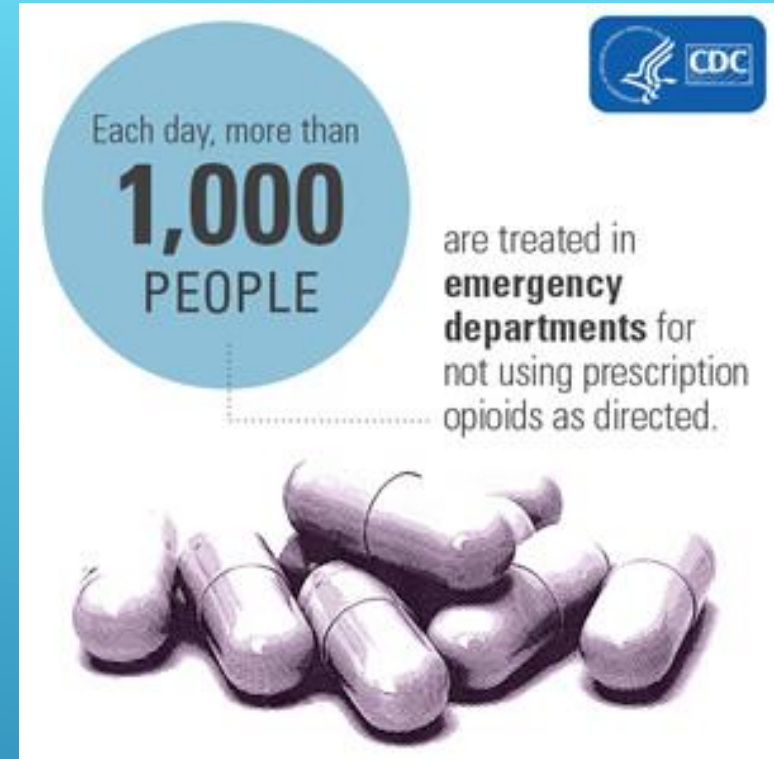
April 27, 2017

when the
PRESCRIPTION
becomes the
PROBLEM



BACKGROUND

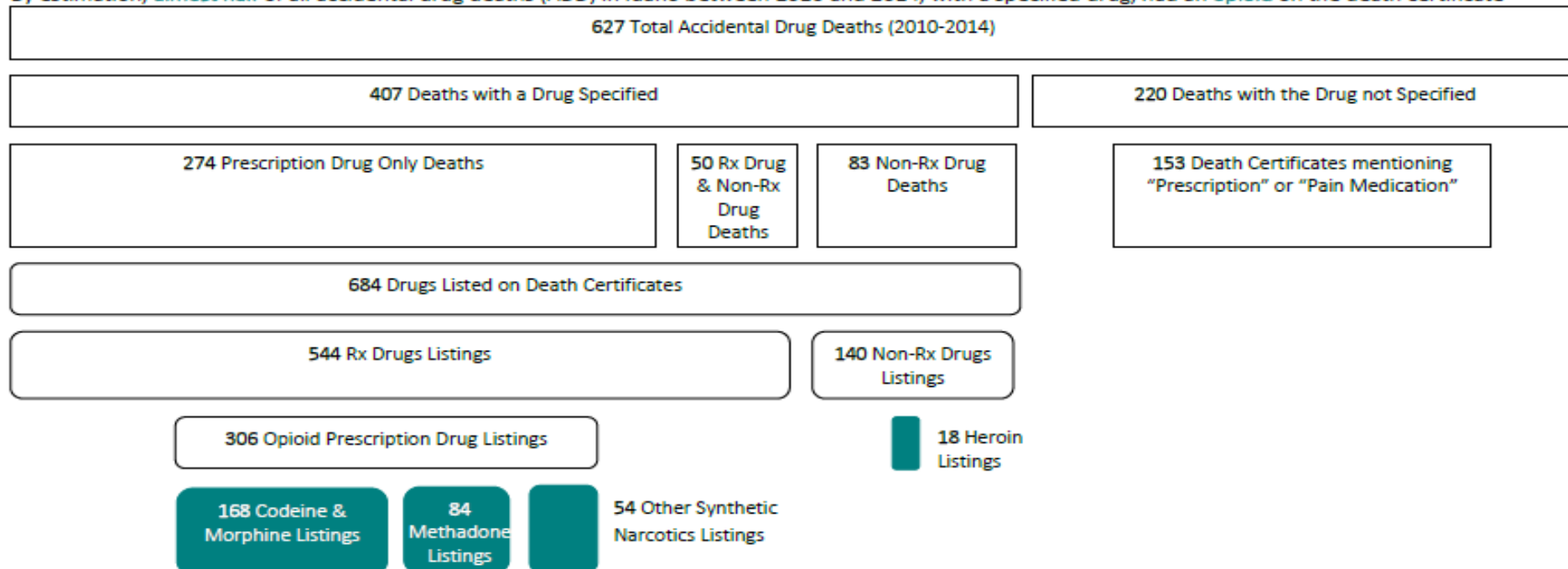
- During 2015, drug overdoses accounted for 52,404 U.S. deaths, including 33,091 (63.1%) that involved an opioid
- The overall U.S. drug overdose death rate increased from 12.3 per 100,000 in 2010 to 16.3 in 2015
- In 2015, the Idaho age-adjusted drug overdose death rate was 14.2 per 100,000 which represented 218 deaths



- In 2014, almost 2 million Americans abused or were dependent on prescription opioids.
- As many as 1 in 4 people who receive prescription opioids long term for non-cancer pain in primary care settings struggles with addiction

Opioid Accidental Drug Deaths

By estimation, almost half of all accidental drug deaths (ADD) in Idaho between 2010 and 2014, with a specified drug, had an opioid on the death certificate



- There were 627 accidental drug deaths (ADDs) in Idaho between 2010 and 2014.
- Of the 627 ADDs, 407 (65%) had a drug specified on the death certificate.
 - Of the 407 ADDs with a drug specified, 274 (67%) were deaths involving prescription drugs only, 83 (20%) were deaths involving non-prescription drugs only, and 50 (13%) were deaths involving a combination of both prescription and non-prescription drugs.
 - Of the 407 ADDs with a drug specified, there were 684 drugs listed, approximately 1.6 drugs per death.
 - Of the 684 drugs listed, 544 (80%) were prescription drugs and 140 (20%) were non-prescription drugs.
 - Of the 544 prescription drugs listed, 306 (56%) were opioids; 168 (31%) codeine and morphine, 84 (15%) methadone, and 50 (9%) other synthetic narcotics.
 - Of the 140 non-prescription drugs listed, 18 (13%) were heroin.
- Of the 35% of ADDs that did not have a drug specified on the death certificate, 153 (70%) reported "Prescription" or "Pain Medication."
- Of the drugs listed on death certificates among Idahoans who has died of accidental drug poisoning between 2010 and 2014, 25% listed codeine and morphine.

Source: Bureau of Vital Records and Health Statistics; Division of Public Health (May 2016).

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016



Continuing Education Examination available at <http://www.cdc.gov/mmwr/cme/conted.html>.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

WHAT IS THE PURPOSE OF THE PRESCRIPTION DRUG OVERDOSE PREVENTION PROGRAM?

- To provide educational trainings about the CDC Guidelines for Prescribing Opioids for Chronic Pain to the prescribers in our district.
- Encourage use of the Prescription Drug Monitoring Program.

CDC GUIDELINES FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN: PURPOSE, USE, AND PRIMARY AUDIENCE

- **Primary Care Providers**
 - Family medicine, Internal medicine
 - Physicians, nurse practitioners, physician assistants
- **Treating patients ≥ 18 years with chronic pain**
 - Pain longer than 3 months or past time of normal tissue healing
- **Outpatient settings**
- **Does not include active cancer treatment, palliative care, and end-of-life care**

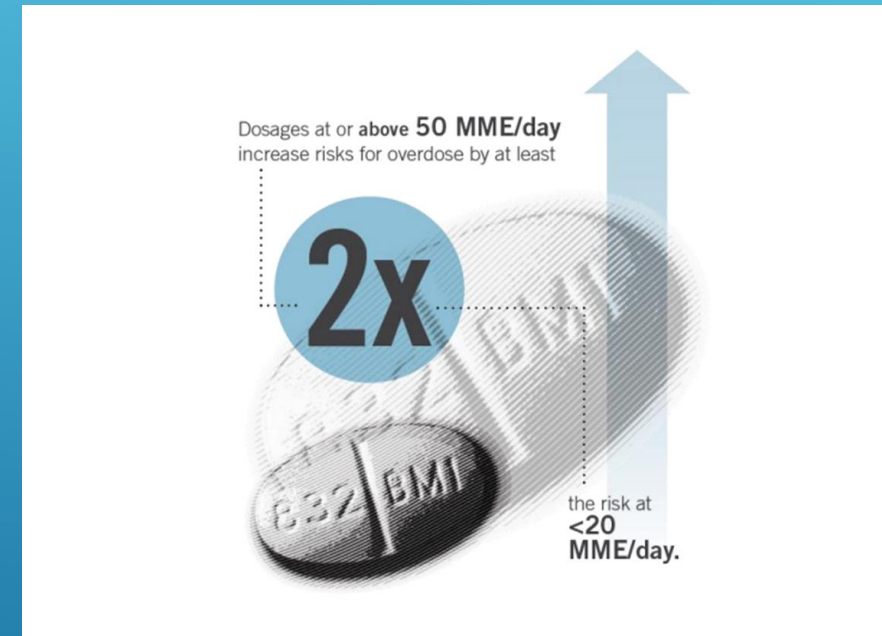
CDC GUIDELINES FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN: DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

- ❖ Selection of non-pharmacologic therapy, non-opioid pharmacologic therapy, opioid therapy
- ❖ Establishment of treatment goals
- ❖ Discussion of risks and benefits of therapy with patients
 - Risk versus Reward




CDC GUIDELINES FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN: OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP AND DISCONTINUATION

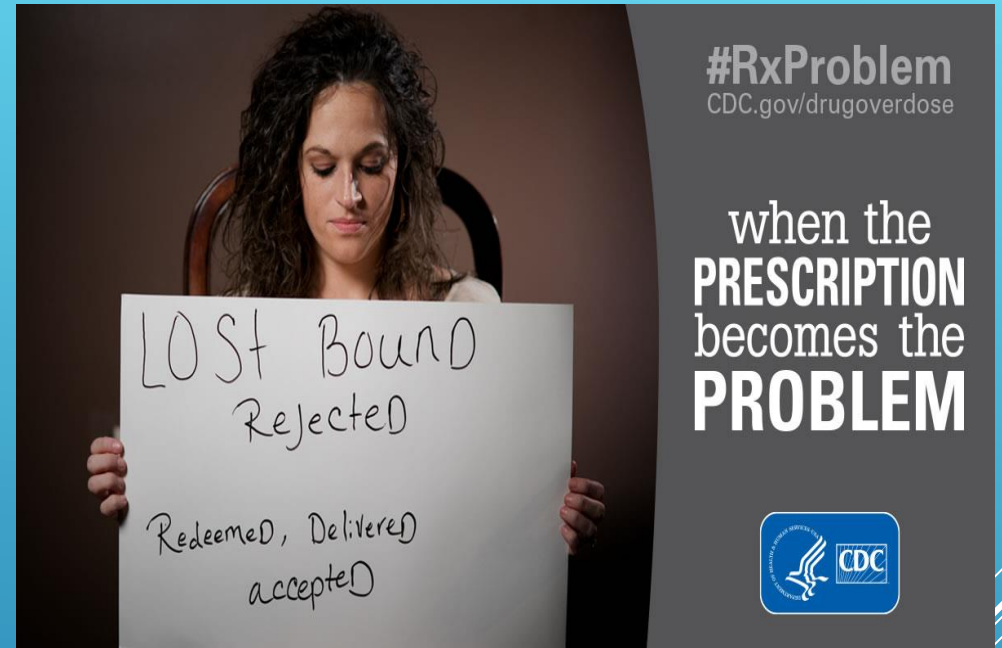
- ❖ Selection of immediate-release or extended-release and long-acting opioids
- ❖ Dosage considerations
- ❖ Duration of treatment
- ❖ Considerations for follow-up and discontinuation of opioid therapy



CDC GUIDELINES FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN: ASSESSING RISK AND ADDRESSING HARMS OF OPIOID USE

- ❖ Evaluation of risk factors for opioid-related harms and ways to mitigate/reduce patient risk
 - ❖ Review of prescription drug monitoring program (PDMP) data
 - ❖ Use of urine drug testing
 - ❖ Considerations for co-prescribing benzodiazepines
 - ❖ Arrangement of treatment for opioid use disorder
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- ▶ Identify two Physician Champions
 - Dr. Aaron Gardner
 - Dr. Boyd Southwick
- ▶ Engage 10 contacts to provide educational trainings on guidelines and PDMP
- ▶ Physician Champions will engage 3 contacts each for prescriber trainings on guidelines and PDMP
- ▶ Participate in a statewide strategic planning meeting



CONTRACT REQUIREMENTS

WHAT HAS BEEN ACCOMPLISHED

- Physician Champions identified ★
- Engage 10 contacts to provide educational trainings on guidelines and PDMP
 - Reached out to ~7 prescriber offices; presented at one so far
- Physician Champions will engage 3 contacts each for prescriber trainings on guidelines and PDMP
 - Meetings already scheduled:
 - ✓ Medical Staff CME Presentation (1hr) 5/19
 - ✓ Trauma Program Presentation 5/23
 - ✓ Pediatric Department Meeting 6/1
- Participate in a statewide strategic planning meeting ★
 - Attended The Opioid Strategic Planning Meeting coordinated by the Office of Drug Policy in Boise April 25-26.

WHAT IS NEXT

- Continue keeping Physician Champions engaged and help where I can to get the last 3 presentations scheduled.
- Goal is to schedule 2 more presentations by the end of May and finish up the remaining 7 presentations in the Summer.
- Finish making a resource sheet containing various substance use treatment centers in our district for the prescribers.